Missouri Department of Health and Senior Services'

BUREAU OF NARCOTICS & DANGEROUS DRUGS

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TRAINING & CONTROLLED SUBSTANCE CLASSES

The Bureau of Narcotics and Dangerous Drugs held controlled substance record keeping and security classes during October and November. Two hour classes were attended by over 160 EMS personnel and classes were held for over 60 individual practitioners.

As other training classes are planned, the bureau will make announcements in this newsletter so that registrants will have several months to plan their attendance.

Upcoming Presentations:

January 23, 2009…….Missouri Veterinary Medical Association at the Lake of the Ozarks.

January 30, 2009…….University of Missouri-Kansas City School of Dental Medicine

STUDY FINDS FEW PAIN DOCTORS FACE PROSECUTIONS

On September 19, 2008, Barry Meier published an article in the New York Times newspaper. A new study found that doctors are rarely prosecuted or sanctioned in their prescribing of narcotic painkillers. From 1986 to 2006, only 725 doctors were prosecuted or sanctioned by medical boards. Of those 725 prosecuted, only 25 were pain management specialists.

The DEA registers hundreds of thousands physicians so those prosecuted represent about 0.1 percent. The study was undertaken by the Center for Practical Bioethics in Kansas City, Missouri, the Federation of State Medical Boards and the National Association of State Attorneys.

Although the news of prosecutions and rumors spread rampantly and send chilling effects among legitimate practitioners, the DEA and the BNDD can clearly show that when practitioners get prosecuted criminally, it is because they were drastically outside their professional ethics by usually stealing drugs, practicing while impaired, selling prescriptions, trading prescriptions for street drugs or exchanging prescriptions in return for sexual favors. In the majority of these cases, the practitioners had not performed examinations as required or maintained required patient charts. Their prescribing was clearly not legal and therapeutic.

CHANGE IN LOCUM TENEN REGISTRATIONS

The bureau has been required to make a change in the way that registrations are issued to *locum tenen* (LT) practitioners.

Since these practitioners continuously travel from job site to job site without a permanent location, the bureau would be willing to issue them a registration at the same address as their Missouri Medical License. In the past, this usually meant registering the doctor at their home and that the bureau would issue a Missouri registration to a doctor at their home address out of state.

Doctors must have a DEA registration that matches their state BNDD registration. The DEA cannot issue a Missouri DEA number to an out of state address. Therefore the Missouri BNDD must have LT practitioners provide a Missouri practice location.

BNDD is asking LT applicants to do the following on their applications:

1. Provide a Missouri practice location where patient care occurs.
2. Use the Missouri practice location where the majority of practice occurs.
3. There is still a place on the application to provide a separate mailing address.
4. BNDD will issue a LT registration with the Missouri location. The DEA application should match.

Remember—if you have a LT registration, the DEA limits your practice at any one location for a total of 60 days, during the three year life of your DEA registration. If you work at a location for more than 60 days during a 3-year period, the DEA wants you to have a full 3-year registration.

NEW EDUCATIONAL PUBLICATIONS

The bureau recently updated educational publications and placed them on the BNDD website at www.dhss.mo.gov/BNDD. Click on the link of publications and there are two updated handouts.

The publication previously known as "*Scam of the Month*" has been changed to *Preventing Prescription Fraud.*

There is a new January 2009 *Guide to Prescribing, Administering and Dispensing Controlled Substances in Missouri.*

There is a new guideline for physicians obtaining controlled substances in their offices for infusion. *Obtaining Controlled Substances for Infusion.*

IS YOUR REGISTERED ADDRESS CURRENT?

Your state and federal registrations should match and bear the address of your principal practice location. This should be where patient care occurs and controlled substance activities take place. Approximately 5% of applicants expire or lapse each year causing their registration to be censured.

WHAT CAN A PHARMACIST CHANGE ON A PRESCRIPTION?

Before any change can be made, the pharmacist should contact the prescriber and verify the information to be changed. Once the prescriber has verified the information, the pharmacist should document the face of the prescription of the date, time and who they spoke with. The pharmacist may then change the following:

- The date written;
- Patient address;
- Drug strength;
- Dosage form;
- Drug quantity;
- Directions for use or administration;
- Prescriber's address;
- Prescriber's DEA number; and
- Verify status that patient is in a hospice or long term care facility.

A pharmacist may update and change a patient's address if the patient produces a new state issued identification card or consulting a telephone directory.

There are three things a pharmacist is not allowed to add or change.

- Patient name;
- Drug name (except for generic substitution permitted by law);
- Prescriber's signature.

FAXING CONTROLLED DRUG PRESCRIPTIONS

Schedule II Prescriptions: These may be faxed to pharmacy for preparation. The patient must bring the original and present it to the pharmacist prior to it being dispensed. There are four exceptions when a pharmacy may dispense based solely upon the faxed Schedule II prescription:

1. Prescriptions for substances for parenteral, intravenous, intramuscular, subcutaneous or intra-spinal infusion;
2. When the patient is in a long-term care facility;
3. When the prescription is for a hospice patient; and/or
4. When the prescription is for an emergency quantity and all other requirements for an oral emergency prescription are met. The practitioner must provide an original in 7 days.

Schedule III—V Prescriptions: These may be sent by fax in a manner similar to the prescriber telephoning them in or providing an original ink prescription.

Requirements of all controlled substance prescriptions in any schedule:

1. The prescription must contain all of the information required by law and be documented on the prescription;
2. The faxed prescription should be a facsimile of a prescription actually written by the prescriber and contain all of the required information;
3. The prescriber must ACTUALLY SIGN THE PRESCRIPTION BEFORE IT IS FAXED. Prescriptions require a signature, so a stamp, digital signature or "signature on file' message is not allowed;
4. If the pharmacy is requesting a refill authorization, this must be signed by the authorized prescriber and not a staff member in the prescriber's office;
5. The prescriber should document the prescription in the patient's chart;
6. The person faxing the prescription should initial the prescription and document the time and date they faxed it;
7. The faxed prescriptions in a practitioner's office must be maintained in a separate file or folder that is separate from patients' charts. This file must maintain all of their controlled drug faxes in chronological order; and
8. Prescriptions may only be called or faxed by an employee of the physician and not an employee of another facility.

ARE YOU A TARGET FOR PRESCRIPTION FRAUD AND SCAMMERS?

Your answer to the question above should be YES! Every practitioner with prescribing authority is a possible target. It is not a matter of "if", it is a matter of "when." Practitioners are required by state and federal regulation to provide adequate security and controls to detect and prevent diversion. This means keeping informed and updated. When authorities find that unwarranted prescriptions have been issued, the authorities can usually break the prescribers down into certain categories:

KNOWINGLY CRIMINAL DUPED/DECEIVED OUTDATED/UNEDUCATED FORGERY VICTIM

To protect yourself, your employees and your practice, the bureau suggests reading *Preventing Prescription Fraud* which is published on the bureau's website at www.dhss.mo.gov/BNDD.

DISCIPLINES ISSUED BECAUSE PATIENTS TRAVELED RIDICULOUS DISTANCES FOR DRUGS

A practitioner normally sees and treats patients within a given geographic area. Factors may influence this, such as if the practitioner is a specialist, or if the location is in a very rural area. Practitioners are warned against patients who travel tremendous distances, bypassing other care providers and opportunities, just to see them and get prescriptions. Scammers play upon the egos of prescribers and lead these practitioners to believe that they are the only ones who can help them.

Recently, a Missouri state licensing board disciplined a practitioner for not providing adequate security and due diligence in their dispensing of controlled substances. Patients were coming great distances to a town of 229 people to see a small town family practitioner. Patients were coming to Eastern Missouri from cities in Illinois and one from Florida. Patients from all over Missouri routinely traveled over an hour. No one ever questioned the patients about the distances they travelled. In this case, both the prescribing physician and the dispensing pharmacy were disciplined.

Drug-seeking patients share their information and rumors spread about the practitioners who are lax and easy marks for drugs. Addicts will travel all day to get a prescription. BNDD currently has a case where a patient was banned from programs in Texas. The patient moved to Arkansas and now drives 5 hours one way from Arkansas to a doctor in mid-Missouri.

When asked, the practitioners usually have one of the following responses:

- I don't know— it never dawned on me. I guess I should have known when I started getting patients from all over Missouri.
- They are poor and can't afford complete care and I am trying to help them out.
- I see the pain patients that no other doctors will see. No one else will see them.

DRUG -RELATED DEATHS

BNDD recently participated in a departmental grand rounds presentation. The abuse of prescription medications was studied along with causes of death. The information learned was:

- Abuse of pharmaceuticals is on the increase;
- Pharmaceuticals are very easy to obtain;
- Kids are diverting their parents' and grandparents' medications;
- Practitioners prescribing methadone for pain without adequate training have caused significant increases in deaths on the first dose of methadone taken;
- When Missourians die between the ages of 19 to 44 years, one out of nine die from drug overdose or poisoning.

OBTAINING CONTROLLED SUBSTANCES FOR INFUSION

Physicians may write controlled substance prescriptions so that a compounding pharmacy prepares medications for infusion. A common example is intrathecal pumps for pain patients. When physicians and pharmacies are having patient prescriptions sent to the doctor's office, there are very specific guidelines that must be followed. Please visit the BNDD website and click on the link to publications so that all laws can be complied with.